

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0019032  
AB

DOCUMENT # **A97000000592**

1. Entity Name  
**SUMMERFORD HOLDINGS, LTD.**

02 APR 19 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**5323 61ST AVE., S.  
ST. PETERSBURG FL 33715**

Mailing Address  
**P.O. BOX 10098  
GREENSBORO NC 27404**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
City & State

4. FEI Number **59-3433484** Applied For ☐ Not Applicable ☐

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SUMMERFORD, HAROLD C  
5323 61ST AVE., S.  
ST. PETE BEACH FL 33715**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$25,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,180,278.44**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P97000015884**  
NAME **SUMMERCORP, INC.**  
STREET ADDRESS **5323 61ST AVENUE SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33715**

STREET ADDRESS  
CITY-ST-ZIP

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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Michael R. Melhem, VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Summcorp, Inc.**

Date **4/15/02** Daytime Phone # **336-931-0304**